

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">249171.53</div>		
City Washington	State DC	Zip Code 20005	Transaction ID : B511927		
Purpose of Expenditure Paid canvass - persuasion & GOTV		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">896034.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>The Pivot Group</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>		
Mailing Address 1701 I Street NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>		
City Washington	State DC	Zip Code 20005	Transaction ID : B511929		
Purpose of Expenditure Printing of canvass lit		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">896034.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">264171.53</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2014**

Signature